Proceedings of the

GOVERNOR'S CONFERENCE ON EMERGENCY MEDICAL SERVICES

April 3 and 4, 1974

A REPORT TO

The Honorable Thomas L. Judge
Governor, State of Montana

SPONSORED BY:

Emergency Medical Services Bureau, Hospital and Medical Facilities Division, State Department of Health and Environmental Sciences

Mountain States Regional Medical Program

Office of the Governor, State of Montana

IN COOPERATION WITH:

American College of Surgeons—Montana Chapter, Trauma Committee

American National Red Cross—Montana Division

Civil Defense, Department of Military Affairs

Commission for Nursing and Nursing Education

Communications Bureau, Department of Administration

Comprehensive Health Planning Division, Department of Health and Environmental Sciences

Division of Emergency Health Services, Region VIII, HEW, Denver

Emergency Department Nurses Association—Montana Chapter

Highway Safety Division, Department of Inter-governmental Relations

Intertribal Policy Board

Montana Ambulance and EMT-A Association

Montana Association of Counties

Montana Heart Association

Montana Hospital Association

Montana League of Cities and Towns

Montana Medical Association—Committee on Emergency Medical Services

Montana Medical Education and Research Foundation

Montana Nurses' Association

Montana Nursing Home Association

United States Public Health Service—Indian Health Service

Aditional copies of this publication may be obtained by writing: EMS Bureau, State Department of Health and Environmental Sciences, 1424 9th Ave., Helena, Mont. 59601.

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Colonial Hilton Inn
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Governor, State of Montana

Compiled and edited by Emergency Medical Services Bureau, State Department of Health and Environmental Sciences; and the Mountain States Regional Medical Program.

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THOMAS L. JUDGE
GOVERNOR

State of Montana
Office of The Governor
Helena 59601

FELLOW MONTANANS:

Montana, as well as the rest of the Nation, has recently awakened to the realization that lives could be saved and disabilities could be lessened by improving the emergency medical services delivery system. The challenges to accomplishing this improvement are many and require the coordination of a multitude of local and state agencies, as well as professional and lay organization.

To help find solutions to some of the perplexing problems related to such a system, I am calling a conference on April 3 and 4, 1974. It is my hope that you will attend and participate in the workshops during this conference.

Sincerely,

Thomas L. Judge

THOMAS L. JUDGE
Governor

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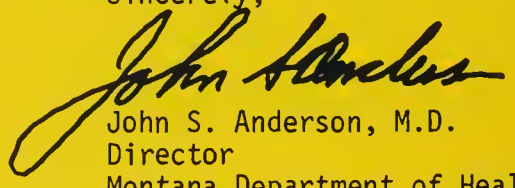
INTRODUCTIONS

The Montana Governor's Conference on Emergency Medical Services can be judged successful by the persons who attended. The contents of this report can also be evaluated by the reader, but the true value will be determined by future action.

While progressing a considerable distance in recent years, emergency medical services will need to be greatly improved. I am predicting that the enthusiasm displayed by the conferees will result in a series of positive actions. Emergency medical service programs are developing a momentum that will carry them forward.

The Department of Health and Environmental Science welcomed the opportunity to be a part of this conference.

Sincerely,



John S. Anderson, M.D.
Director
Montana Department of Health
and Environmental Science

Responding to a special invitation of Governor Thomas L. Judge, over two hundred participants interested in Emergency Medical Services in Montana gathered in Helena on April 3 and 4, 1974, for a Governor's Conference on Emergency Medical Services.

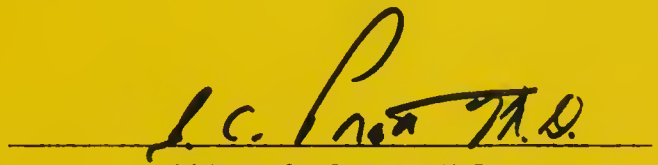
This report is a summary of that conference. It includes highlights of the keynote speeches, recommendations from the small group discussions, a precis of general assembly discussion applicable to each group, a synopsis of the participants' evaluation of the conference, and a roster of the participants.

We hope that this document may serve you now and in the future as:

1. A reference source of the conference proceedings;
2. A complement to the Montana State Emergency Medical Services Plan;
3. A resource for implementation of the recommendations and concepts set forth during the conference.

The Governor's Conference on Emergency Medical Services represented the cooperative efforts of 23 agencies, associations, and voluntary health organizations; it was gratifying to see all of them working together toward a successful conference

Finally, on behalf of Mountain States Regional Medical Program, I wish to thank all of the participants for attending. We appreciate the opportunity we had to fund this Governor's Conference through a grant to the Emergency Medical Services Bureau of the Department of Health and Environmental Sciences.



Sidney C. Pratt, M.D.
Montana State Director
Mountain States Regional Medical Program

AGENDA

Wednesday, April 3, 1974

8:00 A.M. . . . . Registration

General Session

9:00 A.M. . . . . .Introductions, Opening Remarks, Purpose of Conference
Robert Quam, Chief
Emergency Medical Services Bureau
State Department of Health and Environmental Sciences

9:30 A.M. . . . . Charge to the Conference
Thomas L. Judge, Governor,
State of Montana

9:45 A.M. . . . . .The Importance of Emergency Medical Services in Today's Society
H. C. Habein, Jr., M.D.
Chairman, Montana Committee on Trauma
American College of Surgeons

10:30 A.M. . . . . .Keynote Address
Henry C. Cleveland, M.D., F.A.C.S.
Chairman, Section VIII, Trauma Committee
American College of Surgeons

11:15 A.M. . . . . .Components of Emergency Medical Services in Montana
Mr. James Bond
Ms. Joyce Braaten
Mrs. Dorothy Eck
Mr. H. David Hunt
Mr. Gerald Leavitt
Mr. William J. McIntyre
Mr. Curt Wheeling
Mr. Norman Parent

General Session

1:30 P.M. . . . . Emergency Medical Services Act of 1973
Mr. William J. McIntyre, Director
Oregon Emergency Medical Services

1:50 P.M. . . . . .Charge to Workshop Groups
C. Edgar Smith, Ph.D.
Director, Operational Programs and Evaluation
Mountain States Regional Medical Program

Group Discussions

2:10 P.M. . . . . .Small Group Discussions

Thursday, April 4, 1974

General Session

9:00 A.M. . . . . Feedback from Workshops, General Discussions and Recommendations

11:45 A.M. . . . . Summation and Evaluation
Closing Announcements

Address By

H. C. Habein, Jr., M.D.

Chairman, Montana Committee on Trauma
American College of Surgeons, Billings, Montana

This conference has been organized because it is believed that the public and community leaders should be more impressed than they have seemed to be with the serious problem of emergency medical care. There is incontrovertible evidence that lives are lost every day because of the lack of proper emergency care and transportation for the critically ill and injured. The Ambulance Association of America estimated in 1972 that 25,000 persons are permanently injured or killed by untrained ambulance attendants and rescue workers each year in this country. How many lives are lost because of improper care by others including doctors and nurses is anybody's guess.

You may know that in the Soviet Union there exists an emergency medical system called Skoraya which can be reached by any citizen dialing 03 from any telephone in the country. Apparently, in the larger cities such a call will activate and cause delivery of a fully equipped and well trained medical team in a matter of minutes. It would appear that we, in a non-totalitarian society, should have the necessary sense of compassion, the desire, knowledge and facilities to do at least as well. The fact that we haven't fulfilled our responsibilities in this area reflects a degree of apathy and our preoccupation with other matters. In addition, there has been a general lack of appreciation of the magnitude of the problem.

It is our hope that this conference and the associated discussions will serve to dispel some of the apathy and outline the problems involved in emergency medical care. At this moment solutions exist for most of these problems. What is required is the desire and the energy to implement them.

Many of you know that a good bit has already been accomplished in Montana in the field of emergency care and transportation of the ill and injured. I was interested to learn recently that an ambulance licensing law was finally, after 12 years of legislative hearings, enacted in Massachusetts last fall. We in Montana have had the advantage of a satisfactory ambulance licensing statute for 3 years. This progress and more has been accomplished by a few dedicated persons working quietly and with little recognition or public awareness over the last decade in Montana. Modern ambulance services and communications systems have been established in several areas. Many emergency medical technicians have been trained throughout the state. This has served to improve some of the emergency medical care and transportation in some areas. In addition, several hospital emergency departments in Montana have significantly improved their facilities over the past few years, and this, too, has contributed to a decreased mortality and less disability for injured and critically ill persons. In a few communities in Montana emergency medical services advisory councils have been established. These organizations, composed of

government representatives, fire department and law enforcement personnel, ambulance service operators and members of the health care professions along with many other interested persons, have already brought about significant improvement in emergency medical care in these areas. I was told recently by a surgeon member of our Eastern Region Advisory Council that he thought this organization was a most important one and that by participating in the decisions of this group we will probably help more people and save more lives than we could save in any other way. At any rate, the goal is to provide promptly the very best care, resuscitation, transportation and definitive emergency treatment for all victims of injury and critical illness everywhere in Montana. That is the ultimate purpose of this conference.

Finally, I want you to know that the medical profession in this state is vitally interested in this matter of emergency medical services. A large number of Montana's physicians are involved often in the care of critically ill and injured patients. They appreciate the importance of prompt and proper emergency care and transportation, and many have also seen the results of poor care by improperly trained persons. Most of us are working to improve our personal emergency resuscitative knowledge and technics and to upgrade the facilities and care available in the emergency departments of our community hospitals. The Committee on Emergency Medical Services of the Montana Medical Association and the Montana Committee on Trauma of the American College of Surgeons have recommended approval and implementation by the Medical Association of the recently developed State Plan For Improvement of Emergency Medical Services. We believe that these problems should also receive priority attention by legislators, state and local governmental and civic leaders, and the public in general.

On behalf of the medical profession in Montana, I congratulate you on your interest and concern and thank you all for participating in this conference.

HIGHLIGHTS OF THE KEYNOTE SPEECH

By Henry C. Cleveland, M.D., Chairman
Section VIII, Committee, American College of Surgeons
Denver, Colorado

PROVIDING GOOD EMERGENCY MEDICAL CARE

We who are interested in Emergency Medical Services have a long way to go before providing really good emergency medical care. Since rural areas are especially poorly equipped to handle medical emergencies, the victims in these areas have a much lower rate of survival in the first hour after an accident. Most of the victims who died were still at the site of the accident in rural areas; in urban areas, a much lower per cent died while still at the accident scene.

DEVELOPING A STATE EMS PLAN

One of the most crucial aspects of developing a state EMS plan is to have a Governor's Council on Emergency Medical Services (EMS) that has a good organizational structure and has clout. Such a council should coordinate all other agencies involved, should avoid duplication of efforts, should develop new concepts, should be a central forum for new ideas and should oversee planning. To develop a successful plan means forging strong links between local and state agencies and between communities and medical centers. Physicians, nurses, health planners and health department personnel must be stimualted to mobilize their own resources to make a plan of success. The state EMS council should also oversee the implementing agencies and not be obligated to any one body. Their energies should be directed toward searching for monies from sources other than the federal government. Plan for the problem, not for the dollar. The most important point in making an EMS network a reality is to have all disciplines involved in the planning process.

One technique in developing a successful council that will draw together the resources of a community into an EMS plan is drawing upon one key local person who has had a personal tragedy resulting from inadequate emergency care.

DEVELOPING A STATEWIDE COMMUNICATIONS SYSTEM

A communications network is an important factor in the development of Emergency Medical Services. A statewide communications system sounds simple but again can bring some unexpected problems. In one metropolitan

area, there are three excellent hospitals that could have worked together on a communications plan but they wouldn't even communicate with each other. In contrast, a rural area in the same state started its own council and developed its own plan with the cooperation of the hospital, police and fire departments. It is an excellent example of how well local plans could be developed. This solid EMS plan went into effect aided by $35,000 in state money and $20,000 in local funds. Finally, local communities must be aware of the problems resulting from buying equipment that is not compatible with existing communications systems.

USING HELICOPTERS

With the exception of emergency military evacuations, there is little need for helicopter services. Helicopters can work well in urban areas where there is enough money to supply the $273,000 a year needed to maintain a helicopter full-time with nurses and pilots. Since it costs $200,000-$400,000 to revamp a helicopter from Viet Nam, it is rarely practicable to develop this method.

UTILIZING EMERGENCY MEDICAL TECHNICIANS

Since EMT training for ambulance attendants and other EMS participants is not standardized, the training may not be as good as it should be. Has a really good job been done in EMT training? We do not know since there is no system to evaluate what the EMTs are doing. There is a high turnover rate of EMTs and that fact alone complicates the problem.

INFORMING THE PUBLIC

Getting public support is a crucial part of developing successful EMS networks. Community pride generally determines the quality of medical care. People in local communities must be willing to pay for the care they get and must be educated to distinguish between good care and bad care. Good emergency care will result.

WORKSHOP OVERVIEW

A total of 57 major recommendations resulted from the Conference workshops. The following capsule of those recommendations is presented as a stimulus for the reader to encourage full examination of each workshop report.

First-aid training should be expanded to include elementary and secondary school teachers and it should also become a part of school curriculum starting at the first grade. Cardiopulmonary resuscitation training should be introduced at the eighth grade level. The public should be allowed rapid access to emergency medical services through better telephone and radio communication. All forms of transportation, including air transportation, should be coordinated for better patient care. Hospital emergency departments should be regionalized and legislation implemented to allow E.M.S. personnel to function more efficiently.

Establish a Board of Certification for Emergency Medical Technicians to provide liability protection for standing orders such as starting intravenous infusions, etc. The State Legislature should earmark for EMS a percentage of the tax revenue from life and health insurance premiums presently being collected. The Governor should re-establish a broad-based EMS advisory council and a comprehensive public information program should be launched to increase public awareness of emergency medical services.

RECOMMENDATIONS OF SMALL GROUP AND GENERAL ASSEMBLY DISCUSSIONS

Training and Education

Ms. Joyce Braaten - Leader
Montana Red Cross Blood Center
2906 Tenth Avenue South
Great Falls, Montana 59405

Mike McGowan - Assistant
American National Red Cross
Civic Center Building
Great Falls, Montana 59401

1. ALL ELEMENTARY AND SECONDARY SCHOOL TEACHERS BE REQUIRED TO HAVE FIRST AID TRAINING.

   General Assembly Discussion: Although bus drivers are required to have first aid training, elementary and secondary teachers are not; it is often teachers or the office secretary who renders care to emergency situations concerning school children.

2. INTRODUCE BASIC FIRST AID INTO THE MONTANA SCHOOL CURRICULUM, STARTING AT THE FIRST GRADE LEVEL.

3. START CPR (CARDIOPULMONARY RESUSCITATION) TRAINING IN THE SCHOOL SYSTEMS, AND MAKE IT AVAILABLE TO THE GENERAL PUBLIC.

   General Assembly Discussion: Mr. William Davis, Montana Heart Association, said that to reduce the death rate, people must be educated. He proposed CPR training at the 8th grade level and rescue breathing training at the fifth grade level. He suggested that those interested should write Montana Heart Association; he said that the Montana Heart Association is working with the Montana State Department of Health and Environmental Sciences, Red Cross, Montana Hospital Association, etc. to begin seminars in May, 1974, for CPR training. He pointed out that the Great Falls Public Schools teaches CPR at the high school level.

4. FIRST AID AND EMT TRAINING SHOULD BE REQUIRED OF <u>ALL</u> MEDICAL PERSONNEL.

5. PROVIDE EMT MOBILE EDUCATIONAL UNIT FOR RURAL AREAS UTILIZING LOCAL PHYSICIANS AND NURSES.

   General Assembly Discussion: Mr. Dave Lewis, University of Montana, said that the University will give video-tape lecture portions of physician presentation of EMT courses. Taping could begin in September, 1974, with the tapes ready in January, 1975. He also pointed out that video-taping could be a means of standardizing the EMT course. Laura O. Walker, R.N., Ph.D., and Judith Graham, M.D., said that local physician input is necessary but video-taping saves physician time and has proven itself to be a valuable educational tool.

6. THE EMT EXAMINATION SHOULD BE OPEN FOR CHALLENGE.

General Assembly Discussion: Jerry Luchau, EMT Program Manager, State Department of Health and Environmental Sciences, said that current policy allows a person who has had experience within the past two years to take a 20 hour refresher course and be certified after examination. Pat Wyse, former chairman of the governor's conference advisory council on EMS, emphasized the importance of the refresher course for community orientation. He said it is reasonable to assume that if someone has a background in recent experience in emergency care plus 20 hours of refresher training, he is qualified.

7. IDENTIFY GROUPS WITHIN EACH COMMUNITY TO BE USED AS RESOURCES FOR EMT OR RELATED EDUCATION.

General Assembly Discussion: Sidney C. Pratt, M.D., Mountain States Regional Medical Program, Montana Director, and Roland Fisher, Assistant Executive Director, Montana Hospital Association, said that there are 7 hospital learning centers throughout Montana which are connected in a hospital network. They identified the seven centers as: Missoula, Butte, Helena, Sidney, Great Falls, Miles City and Billings, and suggested that if individuals cannot get answers to questions from the member hospitals that they may contact the Montana Hospital Association in Helena.

8. CURRICULA IN EMERGENCY MEDICAL SERVICES SHOULD BE STRENGTHENED IN SCHOOLS OF NURSING.

General Assembly Discussion: Ms. Braaten said that students often have felt they are not offered valuable experiences in emergency care and that the new graduate is frequently placed in the emergency department as her first employment assignment. She also pointed out the need for emergency training for nurses in rural areas. Dr. Walker siad that students must be able to participate but it is often a burden to the emergency department staff. Most students are currently getting preparation but that is something that needs further work. George Eusterman, M.D., Montana Deaconess Hospital, said that the nursing courses are already too strenuous; those nurses who are motivated toward emergency work should obtain further emergency department education. Mr. Wyse said that a nurse should be able to handle the basic concepts of emergency first aid; another participant pointed out that emergency care for nurses is too hospital oriented.

9. RECOMMENDED THAT RECOMMENDATIONS AND DISCUSSIONS FROM THE GOVERNOR'S CONFERENCE ON EMERGENCY MEDICAL SERVICES BE BROUGHT BEFORE THE NEXT GOVERNOR'S CONFERENCE ON HEALTH EDUCATION.

10. RECOMMENDED COLLABORATION OF LICENSING OF PHYSICIANS' AND NURSES' BOARDS TO DELEGATE WHAT CAN BE CONSIDERED LEGAL ACTIONS OF PARAMEDICS.

General Assembly Discussion: During discussion it was recommended that everyone completing the EMT courses should be awarded a patch, not only those who are directly involved with ambulance service but all others and that EMT courses should be taught in the vo-technical schools, junior

colleges, units of the university system, etc. The patch should be worn for purpose of identification to the hospital emergency team and others; the team will then have immediate knowledge of the individuals skill level and then involve them in rendering care.

Communications

Mr. Curt Wheeling - Leader
Chief, Communications Bureau
Department of Administration
State of Montana
Helena, Montana 59601

CITIZEN ACCESS

1. A COORDINATED EFFORT BETWEEN STATE AND LOCAL GROUPS TO IMPROVE CITIZEN ACCESS INTO THE EMS SYSTEM THROUGH IMPROVED COMMUNICATION SHOULD BE INITIATED. CITIZEN'S BAND AND OTHER TWO-WAY RADIO USERS SHOULD BE INTEGRATED INTO THE OVERALL EMS SYSTEM. FORMATION OF LOCAL REACT (RADIO EMERGENCY ASSOCIATED CITIZENS TEAM) TEAMS UTILIZING FREQUENCIES IN THE CITIZENS RADIO SERVICE (i.e. CHANNEL 9) IS ONE POSSIBLE ALTERNATIVE.

   General Assembly Discussion: Mr. David Hunt, Emergency Medical Communications Project Coordinator, Missoula, suggested that citizen and radio users establish frequencies and the use of them within the state.

2. CITIZEN ACCESS THROUGH TELEPHONE COMMUNICATIONS SHOULD BE IMPROVED. EMERGENCY TELEPHONE NUMBERS MUST BE CLEARLY IDENTIFIED AND FREQUENTLY ADVERTISED. COMMUNITIES SHOULD BEGIN TO WORK TOWARDS THE IMPLEMENTATION OF A SINGLE SEVEN DIGIT EMERGENCY TELEPHONE NUMBER PROVIDING ACCESS TO ALL PUBLIC SAFETY AGENCIES OR TOWARDS IMPLEMENTATION OF THE "911" EMERGENCY TELEPHONE NUMBER.

   General Assembly Discussion: Mr. Wheeling said that 911 is not a cure-all. He offered the alternative of assigning one telephone number in a community for all emergency calls.

EMS COMMUNICATIONS SYSTEMS

1. TRAINING OF EMS COMMUNICATIONS PERSONNEL IN RADIO USAGE AND DISCIPLINE IS DEFINITELY NEEDED. PROGRAMS SHOULD BE INITIATED AT THE STATE LEVEL TO PROVIDE GUIDELINES OR ACTUAL TRAINING PROGRAMS TO THE LOCAL EMS AGENCIES. ONE NATIONAL ORGANIZATION WHICH CAN PROVIDE ASSISTANCE IN TRAINING PROGRAMS IS APCO (ASSOCIATED PUBLIC - SAFETY COMMUNICATIONS OFFICERS).

General Assembly Discussion: Mr. Wheeling said that APCO will develop and provide training programs for law enforcement and other public agencies. It was also suggested that dispatching classes be taught in high schools for credit; Mike Fleming, Civil Defense Director, Park County, said that each county's civil defense office should be able to assist with these classes.

2. THE COORDINATION AND MANAGEMENT OF EMS COMMUNICATIONS MUST LIE AT THE LOCAL LEVEL. MANAGEMENT MUST BE STRONG AND STANDARD OPERATION PROCEDURES DEVELOPED.

   General Assembly Discussion: Kit Johnson, M.D., City-County Health Department, Missoula, said that communication is a shared responsibility between local and state, but that the state must fill the gap. Radio relay systems must be a state function. Mr. Wyse noted that most areas are regional, not local. He pointed out that there is no training program for dispatchers, no directory and no statewide codification procedures. Mr. Wheeling said that his office (Communications Bureau) and the Emergency Medical Services Bureau are working on these problems with APCO and by the end of the summer hopes there will be some results. He added that since some existing and proposed EMS Communications Systems cover several counties and act to serve a regional population, an open line of communications must be established among the localities, regional councils, and state agencies. Coordination of all phases in the development of any EMS Communications System is essential to insure compatibility of equipment in compliance with state EMS plans.

3. GUIDELINES TO ASSIST LOCALITIES IN DEVELOPING AN EMS COMMUNICATIONS SYSTEM ARE ALSO NEEDED. THESE GUIDELINES SHOULD CONTAIN RECOMMENDED FREQUENCIES, EQUIPMENT AND OPERATIONAL STANDARDS, AND PROCEDURES. ALSO, A DIRECTORY OF HOSPITAL AND EMERGENCY TWO-WAY RADIO DIGITAL CODES SHOULD BE DEVELOPED.

4. THE RESPONSIBILITY FOR MAINTAINING ANY COMMUNICATION SYSTEM MUST REMAIN AT THE LOCAL LEVEL.

   General Assembly Discussion: Norman Parrent, Civil Defense Director of Big Horn County, said that because some areas of the state work closely with areas of neighboring states, there is some need for interstate coordination. Dudley Dean, Mountain Bell, said that in areas where more than one telephone company is involved that an "enterprise 911" telephone number may be implemented. Mr. Hunt said that he was familiar with this concept and offered his assistance to anyone interested. Mr. Wheeling said that communities are looking to the state for assistance, not only in the development and implementation of the local systems, but also in the design of standard operating procedures. Although most EMS Communications Systems serve a local area and satisfy local needs, commonalities must generally exist between all systems to insure the development of an integrated state-wide EMS Communications System. Help is needed; state agencies, working through the Emergency Medical Services Bureau, can provide that help.

5. EACH INDIVIDUAL SYSTEM IS DIFFERENT AND BASIC PLANNING IS A LOCAL RESPONSIBILITY. THE STATE SHOULD PROVIDE GENERAL GUIDELINES TO ALL LOCALITIES FOR DEVELOPMENT OF EMS COMMUNICATIONS SYSTEMS.

Transportation

Mr. Norman Parrent - Leader
Civil Defense Director
Big Horn County
Hardin, Montana 59034

Adrien Criner - Assistant
Toole County Ambulance
Shelby, Montana 59474

1. A COORDINATING GROUP BE USED TO DISSEMINATE PUBLIC INFORMATION CONCERNING ALL SUPPORTIVE MEANS OF TRANSPORTATION AND EQUIPMENT RESOURCES SUCH AS AIRPLANES, HELICOPTERS, EXTRA AMBULANCES, ETC.

   General Assembly Discussion: It was pointed out that civil defense has already disseminated material.

2. THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES SHOULD MAKE AVAILABLE TO LOCAL COMMUNITIES THE NATIONAL AND STATE GUIDELINES PERTAINING TO THE USE OF ALL AMBULANCES (GROUND AND AIR).

   General Assembly Discussion: It was pointed out that the proper source to contact for military air transportation is either Malmstrom Air Force Base Command Post (phone 731-3801) or the Montana National Guard Headquarters (phone 449-3612). These calls should be made by a physician, a civil defense person, or a sheriff's officer. Major Dick Harwood, Civil Air Patrol Liaison Officer, Fort Harrison, Montana, said that if there is nothing else available and it is a life and death matter, the military will provide transportation at no cost.

3. LAWS PERTAINING TO THE USE AND QUALITY OF GROUND AND AIR AMBULANCES SHOULD BE IMPLEMENTED.

4. SOME ORGANIZATIONS SUCH AS THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES SHOULD MAKE AVAILABLE TO LOCAL AGENCIES INFORMATION ON EMS MATTERS, e.g. MANPOWER, LAWS AND REGULATIONS, UPCOMING LEGISLATION, ETC.

5. USE OF A STANDARD AMBULANCE TRIP REPORT FORM BE ADOPTED, WITH THE FOLLOWING RECOMMENDATIONS:

   A. COMPILED BY THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES;
   B. REVIEWED BY ALL AMBULANCE SERVICES.

6. RECOMMEND AMBULANCE TRIP REPORT FORM BE AVAILABLE WITHIN 60 DAYS FOR TRIAL USE AND EVALUATION.

   General Assembly Discussion: Mr. Parrent asked Robert Quam what is being done regarding trip report forms. Mr. Quam said that many medical personnel have been asked for input into a standardized trip report form and said that the revised New York state form would be put into use in selected areas.

Hospital Emergency Departments

Mr. Gerald Leavitt - Leader
Administrator
St. Peter's Hospital
Helena, Montana 59601

George Angelos, M.D. - Assistant
St. Vincent's Hospital
Billings, Montana 59101

1. REGIONALIZATION OF HOSPITAL EMERGENCY DEPARTMENTS.
   A. EMERGENCY DEPARTMENTS MAY SERVE AN AREA WITHOUT DUPLICATION AND EACH EMERGENCY DEPARTMENT SHOULD BE A TRIAGE CENTER.
   B. PROMOTE THE CONCEPT OF AN EMERGENCY DEPARTMENT WITHOUT A HOSPITAL; THAT EMERGENCY STATIONS MAY EXIST WITHOUT OTHER HOSPITAL SERVICES.

2. LEGISLATION SHOULD BE IMPLEMENTED TO ALLOW EMERGENCY MEDICAL SERVICES PERSONNEL TO FUNCTION AT THEIR INDIVIDUAL LEVELS OF TRAINING AND EDUCATION.
   A. TO PROVIDE TESTING, CERTIFICATION AND ONGOING EVALUATION.
   B. TO FACILITATE THE FUNCTIONING OF LICENSED PERSONNEL WITH STANDING ORDERS AND PROCEDURES.

   General Assembly Discussion: Gerald Leavitt suggested that there be a certification program that would recognize the ability of qualified people so that they will have the protection of the law and "standing orders" to eliminate delay. We need to know with whom we are dealing, i.e., EMT, R.N., etc.

3. EDUCATION
   A. PUBLIC
      1. IMPROVED CONSUMER AWARENESS AND KNOWLEDGE OF THE MEANS OF ENTRY INTO THE NETWORK OF EMERGENCY CARE.
      2. PHYSICAL DIRECTIONS TO EMERGENCY DEPARTMENTS AND RELATED SYSTEMS, i. e. , EMERGENCY 911 TELEPHONE NUMBER, STREET SIGNS, ETC.

      General Assembly Discussion: Mr. Leavitt said that hospital signs have been put on all entry roads into Helena. The signs should show what is available at the hospital facility, for example, where there are two or more facilities, signs should designate which hospital has emergency room facilities if the other does not.

   B. EMERGENCY DEPARTMENT PERSONNEL EDUCATION
      1. A CONCEPT OF A TRAVELING SHOW (TEAM).

      General Assembly Discussion: Mr. Leavitt explained that the traveling team would be made up of a group of professionals that would travel to areas and train emergency department personnel.

2. UTILIZATION OF MONTANA HOSPITAL ASSOCIATION AND MOUNTAIN STATES REGIONAL MEDICAL PROGRAM, HOSPITAL LEARNING CENTERS FOR EMERGENCY DEPARTMENT EDUCATIONAL ACTIVITIES.

General Assembly Discussion: At this point the discussion turned to whether or not Indians were being refused treatment in various emergency departments. As the result of the discussion, the concerned tribal participants and hospital personnel indicated that they would jointly investigate this situation. Mr. George Fenner, Administrator, Hospital and Medical Facilities Division, State Department of Health and Environmental Sciences, read the federal regulations wherein it stated that no hospital can legally refuse to give emergency care to anyone, regardless of color, creed, or ability to pay. Mr. Leavitt pointed out that the transferring of a patient is usually for a medical reason, not a social one. In other discussion, Dr. Kit Johnson stressed that emergency departments should be self-categorized and this should be shown on signs, maps, etc.; also, the public should be made aware of the categories and the meaning of the various signs, maps, etc. Roland Fisher, Montana Hospital Association, said that the Hospital Association is working with the EMS Bureau on the classification.

Legal Status of EMT-A

William J. McIntyre - Leader
Attorney-at-Law
State Board of Health
Portland, Oregon

1. CHANGE LAW AS TO BASIC REQUIREMENTS FOR AMBULANCE ATTENDANTS FROM ADVANCED FIRST AID TO EMT-A, WHICH WOULD REQUIRE 81 HOURS OF INITIAL TRAINING WITH A 20 HOUR REFRESHER COURSE EVERY OTHER YEAR.

2. SET UP A CERTIFICATION BOARD FOR EMTS WHICH IS BASIC TO LIABILITY PROTECTION FOR STANDING ORDERS, STARTING INTRAVENOUS INFUSIONS, ETC., BASED UPON DIFFERENT LEVELS OF TRAINING.

General Assembly Discussion: Mr. McIntyre said that the legal status of the EMT is very unclear. He pointed out that there is no communication between physicians, nurses and EMTs as to what status an EMT should have. He said that there are two possibilities to making a legal status of EMTs clear: (1) enact legislation, and (2) create a certification board. Physicians, nurses, etc., would serve on the board. Mr. Gerald Leavitt pointed out that liability extends from the EMT to the hospital if something is done in the hospital, even if the EMT is qualified; we need some legislation. The question was asked if there is a "good samaritan law" in Montana. Mr. McIntyre said that there is but this does not

cover an ambulance service. He pointed out that there has never been a judgment awarded against someone offering his services in an emergency. It was also asked what the difference is between licensing and certification. Mr. McIntyre answered that there is very little difference. When one gets a license, there are problems with revocation; certification is easier to modify. If someone receives a certificate, it merely states that he is qualified by a course of instruction. Mr. Fenner said that an attempt is now being made to define "medics", EMTs, etc. Further, sovereign immunity was discussed and the possibility of its being abolished.

3. AT LEAST ONE MEMBER OF AN AMBULANCE CREW BE AN EMT, PREFERABLY NOT THE DRIVER.

4. STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES SHOULD WORK WITH THE MONTANA NURSES' ASSOCIATION AND THE MONTANA MEDICAL ASSOCIATION FOR APPROVAL AND STANDARDIZATION OF EMTS AND QUALIFICATIONS.

5. A CERTIFYING BOARD COMPRISED OF PHYSICIANS, NURSES, LEGAL REPRESENTATIVES, CONSUMERS, ETC. SHOULD BE ESTABLISHED FOR CERTIFICATION OF ADVANCED PROCEDURES.

Funding

H. David Hunt - Leader
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The need for a stronger state EMS Bureau, an organization that would provide assistance to local EMS councils, was highlighted. This assistance should include duties, such as a clearing house for funding as well as grant information and coordination.

1. THE STATE EMERGENCY MEDICAL SERVICES BUREAU AND HIGHWAY TRAFFIC SAFETY DIVISION SHOULD ESTABLISH A COORDINATOR TO ASSIST LOCAL GOVERNMENT IN FUNDING EMS PROJECTS.

2. THE STATE LEGISLATURE SHOULD EARMARK A PERCENTAGE OF THE REVENUES FROM LIFE AND HEALTH INSURANCE PREMIUMS FOR EMS.

   General Assembly Discussion: Mr. Hunt said that there are monies collected annually from life and health insurance premiums.

3. THE STATE EMS BUREAU AND HIGHWAY TRAFFIC SAFETY DIVISION SHOULD ADVISE LOCAL GOVERNMENT, AMBULANCE SERVICES, AND OTHER RELATED AGENCIES AS TO THE USE OF THE SPECIAL ONE MILL AMBULANCE LEVY.

4. THE GOVERNOR'S OFFICE SHOULD INITIATE AND SUPPORT LEGISLATION ALLOWING THE ACCUMULATION OF CAPITAL UNDER THE ONE MILL AMBULANCE LEVY. THIS PROVISION WOULD ALLOW FUNDING FOR REPLACEMENT OF OBSOLETE CAPITAL EQUIPMENT.

General Assembly Discussion: Mrs. Dorothy Eck, State/Local Coordinator, Governor's Office, said that a bill dealing with counties accumulating capital was killed in the past session.

5. THE STATE HIGHWAY TRAFFIC SAFETY DIRECTOR SHOULD PROVIDE FUNDS FOR UNUSUAL EMS REQUIREMENTS, e.g. EXPO/SPOKANE TRAFFIC, UNUSUAL TOURIST IMPACT ON SMALL COUNTIES, ETC.

6. THE STATE PURCHASING CONCEPT SHOULD BE APPLIED TO LARGE CAPITAL EXPENDITURES ALLOWING LOCAL GOVERNMENTS TO TAKE ADVANTAGE OF VOLUME BIDDING, i.e., SHARED PURCHASES FOR AMBULANCES, EMS MEDICAL EQUIPMENT AND SUPPLIES, ETC.

7. THE GOVERNOR SHOULD ESTABLISH AN ANNUAL EMS CONFERENCE AND A PERIODIC EMS NEWSLETTER.

Interagency Coordination

Mrs. Dorothy Eck - Leader
State/Local Coordinator
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1. THE STATE EMS BUREAU SHOULD EVALUATE HOW INFORMATION IS DEVELOPED AT THE LOCAL LEVEL AND SHOULD BE RESPONSIBLE FOR THE DEVELOPMENT OF A COMPREHENSIVE INFORMATION SYSTEM.

2. THE GOVERNOR SHOULD RE-ESTABLISH A BROAD BASED EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL AND SHOULD RECOMMEND REGIONAL ADVISORY COUNCILS, CENTERED AT MISSOULA, GREAT FALLS AND BILLINGS. THE STATE COUNCIL SHOULD INCLUDE REPRESENTATIVES OF THE REGIONAL COUNCILS, PROVIDERS, CONSUMERS, AND ALL LEVELS OF GOVERNMENT (STATE, COUNTY, TRIBAL, MUNICIPAL).

   General Assembly Discussion: Mrs. Eck said that local councils are necessary; we need the support of local governments. She also said that we need public education and involvement; inventory of resources in EMS and some system in keeping it current, and a system of disseminating information through routine channels. Jean Shields, Northwestern Health Planning Council, Missoula, suggested that the CHP councils be used rather than establishing a separate advisory council. Mr. Wyse said that he felt CHP councils are not effective in emergency medical care, and that those involved on the councils do not have enough background in emergency care. Mr. Bill Murray, Civil Defense Director, Cascade County, said that the CHP councils are too broad and that an EMS council should be made up of those people involved in EMS on a day to day basis. In conclusion, Mrs. Eck suggested the possibility of an interagency task force with involvement of tribal organizations.

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1. FIND FUNDING TO DEVELOP AND INTRODUCE A COLOR 16MM FILM ON EMERGENCY MEDICAL SERVICES IN MONTANA. THE FILM WILL BE USED BY EMS COUNCILS AND INTERESTED COMMUNITY MEMBERS TO "SELL" THE EMS CONCEPT TO CIVIC GROUPS, COMMUNITY LEADERS AND OTHER INTERESTED CITIZENS.

2. DEVELOP A COMPREHENSIVE TRAINING INFORMATION AND EDUCATION PROGRAM DESIGNED TO BUILD SUPPORT FOR EMERGENCY MEDICAL SERVICES IN SELECTED REGIONS OF THE STATE.

3. DEVELOP AN INFORMATION KIT FOR USE BY LOCAL EMS COUNCILS AND OTHERS INVOLVED IN EMERGENCY MEDICAL SERVICES TO AID THEM IN SELLING THE EMS PROBLEM IN THEIR COMMUNITY.

4. COUNCILS SHOULD SEEK OUT AND ASSESS LOCAL EMS PROBLEMS BRINGING THEM TO THE ATTENTION OF THE LOCAL MEDIA, MAYORS, CITY COUNCILS, COUNTY COMMISSIONERS, FIRE AND POLICE CHIEFS, ETC., ASKING FOR THEIR SUPPORT IN RECTIFYING PROBLEMS.

5. FUND AND PUBLISH AN EMERGENCY MEDICAL SERVICES NEWSLETTER. THIS NEWSLETTER WOULD MAKE RELATED INFORMATION AVAILABLE TO ALL INTERESTED PARTIES AND AGENCIES.

6. DEVELOP A MOBILE DISPLAY (STAND TYPE FOR USE IN DISPLAYING EMS EQUIPMENT AT RODEOS, COUNTY FAIRS, ETC.). HELP LOCAL AMBULANCE SYSTEMS WITH DISPLAYS AUGMENTING THEIR EQUIPMENT OR DISPLAY WHEN REQUESTED, INCLUDING MILITARY HELICOPTERS.

7. PUBLISH A BOOKLET THAT SUMMARIZES THE MONTANA EMERGENCY MEDICAL SERVICES STATE PLAN USING APPROPRIATE STATE AND NATIONAL STATISTICS. DISTRIBUTE THE BOOKLET TO THE PUBLIC, INCLUDING THE MEDIA. (SHOULD BE UPDATED YEARLY AS NEW STATISTICS BECOME AVAILABLE.)

8. ENCOURAGE THE CONDUCTING OF STAGE EVENTS OR DEMONSTRATIONS ON EMS IN MONTANA MAKING SURE THAT THE MEDIA ARE NOTIFIED AND ASKED TO PARTICIPATE.

9. PREPARE RADIO AND TELEVISION PUBLIC SERVICE ANNOUNCEMENTS ON EMERGENCY MEDICAL SERVICES WHICH ARE DESIGNATED TO SELL THE CONCEPT, INCREASE PUBLIC AWARENESS, AND SUPPORT OF THE PROGRAM, THEREBY, INVOLVING MORE PEOPLE IN THE EMS SYSTEM.

10. IDENTIFY FUNDING SOURCES AND PERSONNEL FOR THE ESTABLISHMENT OF SCHOOL BASED EMS INFORMATION SYSTEMS.

11. LOCAL COUNCILS SHOULD BE ENCOURAGED TO PROVIDE TALKS AND DEMONSTRATIONS TO THEIR LOCAL SERVICE AND CIVIC ORGANIZATIONS.

12. ON REQUEST, THE STATE EMERGENCY MEDICAL SERVICES BUREAU SHOULD GIVE ASSISTANCE TO LOCAL COUNCILS ON ANY PUBLICITY REQUIREMENTS. EMS BUREAU WILL ALSO DEVELOP PUBLICITY, PROGRAMS AND PACKETS FOR LOCAL COUNCILS.

Conference Evaluation

Of the 213 registrants, 84 filled out the Program Participant Form at the conclusion of the conference. Their response to the program was very positive. 98% felt that there should be future programs of this type and 95% agreed that the program would influence their work back home.

What specific things the participants liked most about the conference:

1. Most frequently mentioned and appreciated was the fact that the conference was a large, diversified group made up of representatives from wide-ranging organizations and medical facilities, many of whom had been at odds for some time.

   Although the conference was large, participants appreciated the informality of the small workshops as well as the large group discussions.

   Participants appreciated the opportunity to express opinions freely and openly and they appreciated the diversity of opinions expressed.

2. Many liked the fact that excellent information was exchanged. The participants had the opportunity to meet individuals whom they could contact in the future regarding EMS problems and programs.

What specific things the participants liked least about the conference:

1. Most frequently mentioned was that the participants were not able to attend several of the small group workshops, rather than just one.

2. Some participants expressed concern that the conference recommendations might not be given serious consideration by the Governor and by the State Legislature.

When asked what barriers to applying the concepts emphasized in the conference did the participant see in work situations, the most frequently mentioned were the following:

1. The lack of cooperation and coordination in program development at the local, state, and federal levels;

2. The inadequate communications among health personnel that results in fragmentation of community and state programs;

3. The lack of local support and understanding in applying concepts discussed at the conference;

4. The lack of resources in rural areas.

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APPENDIX B

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The Mountain States Regional Medical Program encompasses Idaho, Montana, Nevada and Wyoming. It is one of 53 Regional Medical Programs throughout the nation, authorized by Congress under PL 91-515.